

REQUEST FOR DEREGISTRATION REGISTERED TRANSFER AGENT

DISCLOSURE OF ESTIMATED REPORTING BURDEN

Public reporting for this collection of information is estimated to average 25 minutes (0.42 hour) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Assistant Executive Secretary (Administration), FDIC, Room F-453, Washington, DC 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0027), Washington, DC 20503.

1. Name of Registrant	Name
2. Location (City and State)	Location
Registered Transfer Agent #	85-00 #

Complete all questions

3. State the bank's eligibility for requesting that its transfer agent activity be deregistered. Also discuss any securities which will continue to be transferred, or for which the bank is named as transfer agent.

4. State the date on which the bank last transferred any securities for which registration would be required.

5. State the name(s) and location(s) of the organization or person which will retain possession of the books and records which the bank maintained for its registered transfer agent functions.

6. State the name(s) and location(s) of any successor transfer agent(s). Also state whether any successor is a registered transfer agent and, if so, what its registered transfer agent number is.

7. Describe any "out-of-proof" conditions in transfer agent issues or accounts.

8. Describe any legal actions or proceedings, or potential claims against the bank, in connection with the performance of its registered transfer agent functions.

9. Describe any unsatisfied judgements or liens against the bank arising out of performance of its registered transfer agent functions.

EXECUTION: I certify that the information contained herein is true and correct to the best of my knowledge and belief.

NAME AND TITLE OF OFFICIAL RESPONSIBLE FOR REQUEST

SIGNATURE OF OFFICIAL RESPONSIBLE FOR REQUEST

DATE

NOTE:	Return completed form (original only) to: Comptroller of the Currency, Asset Management, Mac Knowles MS 6-13, 250 E Street SW, Washington, DC 20219 ---->> <b style="color: red;">A copy should also be kept for the bank's files. <<----
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